



Health. Justice. Hope

**Child and Family
Counseling Program**

3800 SW Cedar Hills Blvd.
Suite 288
Beaverton, OR 97005

Phone: (503)924-2448

Visit our web site at:
<http://lcsnw.org/office/beaverton/>

Adult Counseling Referral Form

Please fax form to: Intake & Referral @ (503) 352-1088

- **Date of Referral:** _____
- **Name:** _____
- **Phone #:** _____
- **Is it ok to leave a message at this #:** _____
- **D.O.B.:** _____
- **Gender:** _____
- **Address:** _____

- **Language(s) spoken:** _____
- **Referent name:** _____
- **Position:** _____
- **Referent Tel:** _____
- **OHP Provider:** _____
- **OHP #:** _____
- **Does client know about the referral:** _____
- **Please describe the reason for referral:**

